

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107030997**

FILING DATE  
**08 JAN 2002**

APPLICANT(S) *Visire*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
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50						
TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS			21			

  

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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